

DECEDENT TRACKING LOG

Adapted from HICS Form 254.

INCIDENT NAME				DATE/TIME PREPARED			OPERATIONAL PERIOD DATE/TIME						
MRN OR TRIAGE#	NAME	SEX	DOB	NOK NOTIFIED YES/NO	ENTERED YES/NO		DECEDENT STORAGE AREA						
					MAC NOTIFIED VIA REDDINET/PHONE	EDRS	LOCATION	IN DATE/TIME	OUT DATE/TIME	LOCATION	IN DATE/TIME	OUT DATE/TIME	

DECEDENT AFFAIRS STAFF

NAME: _____	INITIALS: _____	NAME: _____	INITIALS: _____
NAME: _____	INITIALS: _____	NAME: _____	INITIALS: _____
NAME: _____	INITIALS: _____	NAME: _____	INITIALS: _____

Purpose: Account for decedents in a mass fatality incident.
Origination: Hospital Decedent Affairs Group
Copies to: Patient Registration Unit Leader and Medical Care Branch Director
Start a new row if the patient is moved more than twice.